

FOR THE UNITED STATES
DEPARTMENT OF COMMERCE

11/34

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/529128

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		2		2		
12		2		2		
13		2		2		
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TOTAL IND.	3	1	1	1		
TOTAL DEP.	13		13			
TOTAL CLAIMS	16		14			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						

BEST AVAILABLE COPY